

ELEMENT	HCBS ILL AND HANDICAPPED	HCBS ELDERLY	HCBS AIDS/HIV	HCBS MENTAL RETARDATION	HCBS BRAIN INJURY	HCBS PHYSICAL DISABILITY
WHERE TO APPLY	DEPARTMENT OF HUMAN SERVICES (DHS) LOCAL OFFICE					
AGE	UNDER 65	AGE 65 OR OLDER	NO AGE LIMIT	NO AGE LIMIT	1 MONTH THROUGH AGE 64	AGE 18 TO AGE 65
LIMITATIONS ON NUMBER SERVED	3309	12,052	165	2,848	1422	1644
MENU OF HOME AND COMMUNITY BASED SERVICES	THE SERVICES LISTED IDENTIFY THOSE THAT ARE AVAILABLE THROUGH THAT WAIVER.					
ADULT DAY CARE	X	X	X	X	X	
ASSISTIVE DEVICES		X				
BEHAVIORAL PROGRAMMING					X	
CASE MANAGEMENT SERVICES					X	
CDAC(Unskilled & skilled)	X	X	X	X	X	X
CHORE		X				
COUNSELING	X		X			
DAY HABILITATION				X		
EMERGENCY RESPONSE	X	X		X	X	X
FAMILY COUNSELING & TRNING					X	
HOME DELIVERED MEALS	X	X	X			
HOME HEALTH AIDE	X	X	X	X		
HOMEMAKER	X	X	X			
HOME/VEHICLE MODIFICATIONS	X	X		X	X	X
INTERIM MEDICAL MONITORING & TREATMENT	X			X	X	
MENTAL HEALTH OUTREACH		X				
NURSING	X	X	X	X		
NUTRITIONAL COUNSELING	X	X				
PREVOCATIONAL SERVICES				X	X	
BASIC INDIVIDUAL RESPITE	X	X	X	X	X	
GROUP RESPITE	X	X	X	X	X	
SPECIALIZED RESPITE	X	X	X	X	X	
SENIOR COMPANION		X				
SPECIALIZED MEDICAL EQUIPMENT					X	X
SUPPORTED COMMUNITY LIVING (1-5 PERSONS)				X	X	
SUPPORTED COMMUNITY LIVING (RESIDENTIAL-BASED)				X		
SUPPORTED EMPLOYMENT				X	X	
TRANSPORTATION		X		X	X	X
CONSUMER CHOICES OPTION	X	X	X	X	X	X
Consumer Choices Options allows the consumer to purchase the following services/supports: *Self-directed personal care services *Self-directed community supports and employment *Individual-directed goods and services						

* <i>HHA and Nursing Services are available to persons age 21 and under through the regular Medicaid or with prior authorization through EPSDT (Care for Kids).</i>						
IHHRC CAN ALSO BE USED TO MEET CONSUMER NEEDS	Yes					
CONSUMER APPLICATION: INCOME MAINTENANCE WORKER	470-2927 or 470-2927(Spanish) Health Services Application Reference: Employees Manual 8-N and Appendix.					
ELIGIBLE FOR SSI OR MEDICAID	Can only be on SSI through institutional deeming of parent's income while in medical facility. Can transfer from Medically Needy. Persons age 21 or over who are eligible for SSI are ineligible for this waiver. However, Consumers age 21 and over who are currently receiving services from the IH Waiver and are SSI eligible may remain on the waiver through age 24. Only SSI-related coverage groups can be assigned.	Only SSI related coverage groups can be assigned.	Can be on SSI-related, FMAP-related, or Medically Needy if the level of care is hospital level.	Can be on SSI or FMAP (not required)	Can be on SSI, FMAP, or Medically Needy.	Can be on SSI or FMAP (not required)
INCOME, SINGLE PERSON	Maximum for 1 person 300% of SSI unless MEPD eligible.	Maximum for 1 person 300% of SSI .	Maximum for 1 person 300% of SSI unless person is eligible on basis of Medically Needy and has a spenddown. Or unless MEPD eligible.	Maximum for 1 person 300% of SSI unless person is eligible on basis of FMAP or FMAP related program. FMAP limits according to the coverage group. Or unless MEPD eligible.	Maximum for 1 person 300% of SSI unless MEPD eligible.	Maximum for 1 person 300% of SSI unless MEPD eligible.
INCOME-MARRIED PERSON	When both both spouses are on waiver, treat as living in an institution & in the same room. Income \$3738 (\$1869 X 2 or 300% of SSI X 2). If only one on waiver, treat as institutionalized spouse and community spouse. Limit \$1869 (300% SSI)					
RESOURCES-SINGLE ADULT	\$2000 (unless MEPD eligible-\$12,000)					
RESOURCES-SINGLE CHILD	Resources are disregarded for certain Medicaid coverage groups. Contact your local DHS income maintenance worker.					
RESOURCES-MARRIED PERSON	When both spouses are on waiver, treat as living in an institution & in the same room. Resource limit \$3,000 for couple for the first 6 months, then choice of being individuals. If only one on waiver, treat as institutionalized spouse and community spouse. Spousal impoverishment applies.					
TARGET POPULATION GROUP	Disabled. SSI-related coverage groups	Age 65 or over	Diagnosis of AIDS/HIV by a physician	Primary disability of mental retardation as determined by a psychologist or psychiatrist.	Diagnosis of brain injury per IAC 83 definitions	Have a physical disability as determined by Disability Determination Services
DISABILITY TRANSMITTAL	Disability Transmittal, Form 470-2472	Not applicable	Not applicable.	Disability Transmittal, Form 470-2472	Disability Transmittal, Form 470-2472	Disability Transmittal, Form 470-2472
DISABILITY REPORT	Disability Report, Form 470-2465 Used by income maintenance worker to establish disability for 300% group unless Social Security has already determined disability.	Not applicable	Not applicable.	Disability Report, Form 470-2465 Used by income maintenance worker to establish disability for 300% group unless Social Security has already determined disability. Not necessary for FMAP.	Disability Report, Form 470-2465 Used by income maintenance worker to establish disability for 300% group unless Social Security has already determined disability. Not necessary for FMAP.	Disability Report, Form 470-2465 Used by income maintenance worker to establish disability for 300% group unless Social Security has already determined disability. Not necessary for FMAP.
IOWA MEDICAID ENTERPRISE (IME)	Determines the level of care needed by each applicant after completing assessment form, 470-0659 HCBS Assessment or Reassessment.	Determines the level of care needed by each applicant after review of the assessment form, I-OASIS	Determines the level of care needed by each applicant after completing assessment form, 470-0659 HCBS Assessment or Reassessment.	Determines the level of care needed by each applicant after completing assessment form, 470-3073 Mental Retardation Functional Assessment Tool	Determines the level of care needed by each applicant after completing assessment form, 470-3349 Brain Injury Functional Assessment. Determines if all of the medically necessary service needs of the applicant can be met in the HCBS setting.	Determines the level of care needed by each applicant after completing assessment form, 470-3502 Physical Disability Waiver Assessment Tool

LEVEL OF CARE REQUIRED:	SNF, NF, ICF/MR	SNF OR NF	NF OR HOSPITAL	ICF/MR	SNF, NF, ICF/MR	SNF, NF
IME- REDETERMINATION OF LEVEL OF CARE	Completed, at least, annually REDETERMINATION can be completed more frequently , if warranted.		Completed annually or every 4 days for acute (hospital).	Completed annually. REDETERMINATION can be completed more frequently if warranted		
SUPPLEMENTAL INSURANCE QUESTIONNAIRE FORM 470-2826	Income maintenance worker sends to Third Party Liability in Central Office to report health insurance.					
HEALTH INSURANCE PREMIUM PAYMENT PROGRAM APPLICATION (HIPP)	Form 470-2875, HIPP booklet & Comm 91 are distributed.					

MEDICAID HOME AND COMMUNITY BASED SERVICES PROGRAM
WAIVER COMPARISON CHART

ELEMENT	HCBS ILL AND HANDICAPPED		HCBS ELDERLY	HCBS AIDS/HIV	HCBS MENTAL RETARDATION	HCBS BRAIN INJURY	HCBS PHYSICAL DISABILITY
CLIENT PARTICIPATION (CP)	Generally none. May have client participation from Veteran's Aid and Attendance or Medicaid trust		Generally none. May have client participation from Veteran's Aid and Attendance or Medicaid trust. Exception: Persons eligible on the basis of Medically Needy will have a	Generally none. May have client participation from Veteran's Aid and Attendance or Medicaid trust.			
NOTICE OF ATTRIBUTION OF RESOURCES FORM 470-2588	The date to determine the attribution is the first of the month that the waiver services are to begin and the month that IFMC determines that the consumer meets level of care.						
	Waiver services provided before approval of eligibility for the waiver cannot be paid. Do not approve a case until the case plan is approved and level of care and financial (income & resource) eligibility are established. Waiver eligibility begins on the date when all 3 eligibility requirements are complete. For persons eligible on the basis of the 300% coverage group, eligibility shall not be earlier than the first of the month following the date of application. The IM worker may establish Medicaid eligibility retroactively but waiver services cannot be paid retroactively.						
APPLICATION FOR SERVICES	None. IM application serves as application for HCBS services. See Employees Manual 16-K						
CASE MANAGEMENT SERVICES PROVIDED BY:	DHS service worker	Area Agency on Aging Case Management Project for Frail Elderly (CMPFE)	DHS service worker	Initial: DHS service worker or Medicaid case manager Ongoing: Medicaid Case Manager	Medicaid case manager	DHS service worker or Medicaid Case Manager	
LEVEL OF CARE INSTRUMENT	Form 470-4392 Certification for Level of Care for Home and Community Based Services	Form 470-4392 Certification for Level of Care for Home and Community Based Services	Form 470-4392 Certification for Level of Care for Home and Community Based Services	Mental Retardation Functional Assessment Tool (FASST). IME has responsibility for completion.	The Brain Injury Waiver Assessment Tool (BIWAT). IME has responsibility for completion.	Form 470-4392 Certification for Level of Care for Home and Community Based Services	
SERVICE PLAN (A service plan is completed annually.)	Children - Use Form 470-1020, 427-1022 or 427-1023, Permanency Plan. Adults - Use Form SS-0607-0, Individual Client Service Plan and Progress for Continuation or Closing for Adults.	Use form 470-3156, Long Term Care Coordinator Common Care Plan.	Children - Use Form 470-1020, 427-1022 or 427-1023, Permanency Plan. Adults - Use Form SS-0607-0, Individual Client Service Plan and Progress for Continuation or Closing for Adults.		Children - Use Form 470-1020, 427-1022 or 427-1023, Permanency Plan. Adults - Use Form SS-0607-0, Individual Client Service Plan and Progress for Continuation or Closing for Adults.	Children - Use Form 470-1020, 427-1022 or 427-1023, Permanency Plan. Adults - Use Form SS-0607-0, Individual Client Service Plan and Progress for Continuation or Closing for Adults.	
MAXIMUM WAIVER SERVICE DOLLARS AVAILABLE PER MONTH AS DETERMINED BY LEVEL OF CARE	ICF - \$904 SNF - \$2631 ICF/MR - \$3203	ICF - \$1117 SNF - \$2631	\$1,751	ICF/MR - Amount based on services upper limit	\$2,812	\$659	
NOTICE OF DECISION : SERVICES FORM 470-0602	Not used when initial application denied by IM worker. Use when service worker in conjunction with IM worker determines date client eligible for HCBS services. HCBS services CANNOT be paid before level of care determination date and service plan is developed and signed by DHS.						
PROVIDER ENROLLMENT	Agencies enroll with Iowa Medicaid Enterprise (IME) to be providers of service and are reimbursed through IME. Agencies or individual providers must be enrolled prior to service provision.						
HCBS REGIONAL SPECIALISTS	http://www.ime.state.ia.us/HCBS/HCBSContacts.html						
	VACANT	REGION 1					
	JULENE SHELTON-BEEDLE	REGION 2	PHONE: (712) 423-9540	FAX: (712) 423-9503	E-MAIL: jshelto@dhs.state.ia.us		
	DON REINEKE	REGION 3	PHONE: (641) 322-5444	FAX: (641) 322-3184	E-MAIL: dreinek@dhs.state.ia.us		
	JASON HOLST	REGION 4	PHONE: (515) 725-1140	FAX: (515) 725-1360	E-MAIL: jholst@dhs.state.ia.us		
	ANDREA LEECH	REGION 5	PHONE: (515) 725-1139	FAX: (515) 725-1360	E-MAIL: aleech@dhs.state.ia.us		
	SARAH BURKE	REGION 6	PHONE: (712) 297-7250	FAX: (712) 297-5309	E-MAIL : sburke@dhs.state.ia.us		
	LORI HAMAND	REGION 7	PHONE: (515) 332-1464	FAX: (515) 332 - 2211	E-MAIL: lhamnnd@dhs.state.ia.us		
	GERI DERNER	REGION 8	PHONE: (515) 294-2638	FAX: (515) 290-1308	E-MAIL: gderner@dhs.state.ia.us		
	MARY JACOBS	REGION 9	PHONE: (563) 245-1187	FAX: (563) 245-1187	E-MAIL: mjacobs@dhs.state.ia.us		
	LINDA DUFFY	REGION 10	PHONE: (563) 690-0078	FAX: (563) 557-9177	E-MAIL: lduffy@dhs.state.ia.us		
	VACANT	REGION 11					
	VACANT	REGION 12					
	LORI LACARTE	REGION 13	PHONE: (563) 285-6324	FAX: (563) 570-7908	E-MAIL: llacarte@dhs.state.ia.us		
	GINGER KOZAK	REGION 14	PHONE: (641) 682-0747	FAX: (641) 682-8347	E-MAIL: gkozak@dhs.state.ia.us		
	MARTY ENGLE PRATT	QUALITY ASSURANCE	PHONE: (712) 542-6132	FAX: (712) 542-6152	E-MAIL: mpratt@dhs.state.ia.us		
HCBS SUPERVISOR	BRIAN WINES	HCBS SUPERVISOR	PHONE: (515) 725-1132	FAX: (515) 725-1360	EMAIL: bwines@dhs.state.ia.ua		
HCBS PROGRAM MANAGERS							
WAVER COMPARISON CHART	IF WAIVER & MR WAIVER	ELDERLY WAIVER	AIDS/HIV, BI & PD WAIVERS				
	SUE STAIRS	MICHAELA FUNARO	JO ANN KAZOR				

	(515) 725-1146	(515) 725-1147	(515) 725-1150			
	sstairs@dhs.state.ia.us	mfunaro@dhs.state.ia.us	jkazor@dhs.state.ia.us			
HCBS SUPPORT STAFF	ELAINE HARPER	CENTRAL OFFICE	PHONE: (515) 725-1137	FAX: (515) 725-1360		
	DENISE POTTORF	CENTRAL OFFICE	PHONE: (515) 725-1138	FAX: (515) 725-1360		
	LEZLIE TATE	CENTRAL OFFICE	PHONE: (515) 725-1133	FAX: (515) 725-1360		
ADDITIONAL RESOURCES:						
CHILD HEALTH SPECIALTY CLINICS						
REGIONAL OFFICES:	IOWA CITY 866-219-9119					
	DES MOINES 866-208-4088					
	SPENCER 877-270-9386					
DEPARTMENT OF ELDER AFFAIRS	(515) 725-3333					
AREA AGENCIES ON AGING	AREA I: DECORAH (319) 382-2941	AREA II-V-XII: MASON CITY (641)424-0678	AREA III: SPENCER (712) 262-1775	AREA IV: SIOUX CITY (712)279-6900	AREA VI-VII: WATERLOO (319) 272-2244	AREA VIII: DUBUQUE (563) 588-3970
	AREA IX: DAVENPORT (563) 324-9085	AREA X: CEDAR RAPIDS (319) 398-5559	AREA XI: DES MOINES (515) 255-1310	AREA XIII: COUNCIL BLUFFS (712-328-2540	AREA XIV: CRESTON (641) 782-4040	AREA XV: OTTUMWA (641) 682-2270
	AREA XVI: BURLINGTON (319) 752-5433					
DEPARTMENT OF PUBLIC HEALTH	State Coordinator: Ryan White Title II (515) 242-5316					
HIV C.A.R.E. CONSORTIA PROVIDER	WESTERN IA CARE CONSORTIUM	SIOUXLAND COMM. HEALTH CENTER SIOUX CITY (712) 202-1027	NEBRASKA AIDS PROJECT OMAHA, NE (800) 782-2437			
	CENTRAL IA CARE CONSORTIUM	AIDS PROJECT OF CENTRAL IOWA DES MOINES (515) 284-0245	MID-IOWA COMM. ACTION AGENCY AMES (515) 956-3312 OR 1-800-890-8230	MID-IOWA COMM. ACTION AGENCY MARSHALLTOWN (641) 752-7162	FORT DODGE AREA HIV/AIDS COALITION (515) 573-4107	
	NE IOWA CARE CONSORTIUM	CEDAR VALLEY HOSPICE WATERLOO (319) 272-2437	DUBUQUE REG. AIDS COALITION (563) 557-4444 EXT. 234	RAPIDS AIDS PROJECT CEDAR RAPIDS (319) 393-3500		
	SE IOWA CARE CONSORTIUM	SE IA HIV CARE CONSORTIUM IOWA CITY (319) 356-6038 EXT. 1	UI HIV PROGRAM IOWA CITY (319) 384-7307 or 353-7917	ICARE IOWA CITY (319) 338-2135	AIDS PROJECT QUAD CITIES DAVENPORT (563) 421-4265 OR (563) 421-4241	